Alberta Health Facilities Review Committee

Annual Report 2006-2007

April 1, 2006 to March 31, 2007

For Further Information

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The Committee's office can be contacted toll-free from anywhere in Alberta by dialing the Government of Alberta RITE operator at 310-0000 or by calling collect. Members of the public are encouraged to call, write to the Committee, or visit the office.

Health Facilities Review Committee Act

Copies of the *Health Facilities Review Committee Act* are available from:

Alberta Queen's Printer Bookstore
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ISSN 0713-1887 (Print)
ISSN 1710-1557 (Online)

Alberta Health Facilities Review Committee

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November 2007

The Honourable Dave Hancock
Minister of Alberta Health and Wellness
224 Legislature Building
Edmonton, Alberta T5K 2B6

Dear Minister Hancock:

It is my pleasure to present the Annual Report of the Alberta Health Facilities Review Committee in accordance with section 16(1) of the *Health Facilities Review Committee Act*. This report summarizes activities for the April 1, 2006 to March 31, 2007 fiscal period.

On behalf of the Committee, I would like to thank Gene Zwozdesky, MLA, for chairing the Committee during the first part of the 2006-2007 fiscal year, and Mr. Brian Popp from Okotoks, for his service to the Committee.

Mrs. Coreen Thacker from Bow Island joined the Committee during this fiscal year.

I would also like to acknowledge and express my appreciation to all Committee members and staff for their extensive work and dedication, and to all the staff at the facilities that were reviewed.

Respectfully submitted,

Jack Hayden, MLA
Chair

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Members of the Committee 2006-2007

Jack Hayden, MLA
Chair
Stettler

Barry Costello
Vice-Chair
Calgary

Glenna Bell
St. Albert

Velda Fulford
Sherwood Park

Barbara Hay
Lacombe

Elsie Kinsey
Stony Plain

Linda D. MacKay
Red Deer

Noel McBride
St. Albert

Dorothy Patry
Medicine Hat

Ada Rawlins
Chestermere

Cliff Storvold
Calgary

Coreen Thacker
Bow Island

Staff:

Pauline Michaud	Executive Director
Irene Sinclair	Administrative Assistant
Debra Chesley	Writer/Editor

HEALTH FACILITIES REVIEW COMMITTEE

Who We Are

The Health Facilities Review Committee was established in 1973. The Committee is an active participant in Alberta's health care system as it reviews the provision of services and the delivery of programs in health care facilities.

The Committee consists of one member of the Legislative Assembly and eleven private citizens who possess varied backgrounds, expertise and work experience. The private citizens on the Committee reside in urban and rural communities throughout Alberta. They serve on the Committee on a part-time basis and are not employees of the provincial government.

Mission

The mission of the Health Facilities Review Committee is to assist in maintaining quality care, treatment and standards of accommodation in health care facilities throughout Alberta.

The Committee provides the people of Alberta with a group of citizens to whom they may address their concerns relating to health care facilities in the province. The Committee acknowledges the importance of preserving the dignity and confidentiality of the individuals within the facilities it visits.

The Committee's responsibilities involve conducting routine reviews of health care facilities, investigating complaints made by or on behalf of patients, and following up on referrals from the Minister, as set out in the *Health Facilities Review Committee Act*.

What We Do

The Committee's main activities include unannounced routine reviews of facilities, complaint investigations, and regular and ad hoc committee meetings.

The Committee also maintains ongoing communication with key stakeholder groups including: Alberta Health and Wellness; regional health authorities; health care associations; professional associations; operators and owners of health care facilities; patients, residents and families.

The scope of activities and jurisdiction of the Committee are established by the *Health Facilities Review Committee Act*.

Overview

The Health Facilities Review Committee's objective is to monitor and promote high standards of care and a good quality of life for patients and residents in Alberta's acute care, long-term care, mental health, and special care facilities.

The Committee considers the highest level of care is delivered when all persons working in a facility cooperate and focus their energy on the patient or resident.

The Committee believes in communication and cooperation that balance consumer choice and responsibility with the resources of health care providers.

The Committee encourages discussion about operations and service within Alberta's health care facilities.

Routine Reviews

A major part of the Committee's work involves unannounced visits to health care facilities. During each of these visits, members evaluate and monitor the quality of care, treatment and standards of accommodation offered. The Committee's mandate is focused on patient/resident care and treatment, and does not extend to technical and specialized areas such as operating room procedures or laboratory processes, for example.

All facilities within the Committee's scope of responsibility are subject to routine review at any time. The Committee is currently responsible for reviewing approximately 218 facilities across the province.

When conducting routine review visits, Committee members work in teams of two or more, depending on the size of the facility. At the beginning of each visit, the team meets with a senior management representative(s) to outline the nature of the visit and to gather general information about the facility. Following this initial meeting, team members conduct the remainder of the visit independently. Patients or residents, family members, visitors, staff and volunteers are interviewed at random to gather their impressions of the care, services and programs provided at the facility.

During a review, members encourage open and frank discussion concerning the facility's operations. Based on the responses received during interviews, members note both positive and negative comments about the facility.

At the conclusion of the review, members provide a verbal summary of their findings to the facility management. Areas of identified concern are discussed candidly. This is followed by a written report to the chair of the regional health authority, the administrator of the facility, and the Minister of Alberta Health and Wellness.

When a facility is privately owned and/or operated, the Committee provides joint letters to the regional health authority and to the owner/operator of the non-profit or private organization.

Reports address areas such as patient/resident care and satisfaction, medication administration system, staff attitudes and morale, rehabilitation and recreational programs, dietary services, patient/resident/staff safety, overall environment or atmosphere, and general physical condition of the facility.

The report may include suggestions and/or recommendations for change if concerns are identified. The regional health authority and facility administration are asked to respond to the recommendations within three months, identifying action taken to address any recommendations and the results either expected or achieved.

If serious concerns are identified which directly affect patient or resident safety and well-being, recommendations are forwarded to the Minister of Alberta Health and Wellness. The Committee may also conduct a follow-up visit to a facility to monitor progress on resolving concerns and implementing recommendations.

To assure uniformity of reviews, visit guidelines have been developed to provide Committee members with direction and resources.

Routine Review Visits Conducted Between April 1, 2006 and March 31, 2007

Acute Care Hospitals (37)	15
Long-Term Care Facilities (66)	55
Acute/Long-Term Care Combined (111)	27
Mental Health Hospitals (2)	0
Special Care Centres (2)	1
Total (218 Facilities)	**98**

Note: The numbers in brackets reflect the total number of facilities in that category.

Complaint Investigations

Complaint investigations and resolution are part of the Committee's responsibilities.

What Kinds of Complaints are Filed?

The Committee investigates complaints made by or on behalf of a specific patient(s) or resident(s) in a health care facility.

Complaints may be filed about any aspect of patient/resident care, safety or satisfaction. Care concerns may include response of facility staff, patient-monitoring issues, the use of restraint devices or medication administration.

Safety issues may relate to building maintenance, cleaning products, fire drills and other matters.

Concerns regarding satisfaction may relate to the care provided, food, compatibility of a roommate, or availability of care and services.

Complaints can result from poor communication between patients and/or residents, family members and facility staff.

Problem Resolution

The Committee operates on the principle that open communication is the best tool for resolving conflicts. It is important to help parties understand the nature of a problem and expectations or limitations that may affect resolution. Once there is a clear understanding of issues and viewpoints, the shared task of problem resolution becomes possible. When a problem is resolved, complainants and facilities gain confidence in addressing and resolving future concerns together.

Problem resolution is a shared responsibility between facility users and providers. The Committee encourages all parties involved in a conflict situation to assume joint responsibility for solving a problem. Thus in all cases, complainants are encouraged to attempt resolution of the difficulty by directly contacting staff and/or management at the facility.

Complaint investigation and resolution can be a time-consuming process. Direct personal interaction with complainants, staff and management has proven to be the most effective means of problem identification and resolution.

If a solution cannot be achieved through problem resolution, the complainant may contact the Health Facilities Review Committee to proceed with filing a complaint.

How are Complaints Filed?

Persons initiating a complaint may contact the Committee by calling, writing, or by personally visiting the office. All complainants must complete and sign a *Complaint* form. In order to carry out a thorough investigation, the Committee also requires that the patient or resident, or their legal representative, sign an *Authorization to Disclose Health Information* form which enables members to discuss their care with staff at the facility and review the patient's or resident's health information. Complaint forms may be downloaded directly from the Committee's website.

Upon receipt of completed forms, the complainant's concerns are reviewed and a decision is made as to whether the concerns are within the Committee's legislated mandate.

If the complaint is outside the Committee's jurisdiction, the complainant is referred to the appropriate authority. For example, the Health Facilities Review Committee cannot investigate complaints about physician conduct or medical decisions, or about the conduct of professionals, such as nurses, who are regulated through legislation by their own professional associations. Persons registering these types of complaints are referred to the College of Physicians and Surgeons of Alberta, the College and Association of Registered Nurses of Alberta, or to the relevant organization. Complaints relating specifically to abuse are referred to Protection for Persons in Care.

In the case of anonymous complaints or when *Complaint/Authorization to Disclose Health Information* forms are not signed and returned, the Committee will review the concern(s) when conducting the next routine review at the facility.

Investigation Process

If the complaint is determined to fall within the Committee's jurisdiction, Committee members are assigned to an investigation. The investigating team members begin by contacting the parties involved, either in person or by telephone.

The team may then attempt to arrange a meeting or care conference to discuss and review the matter. The Committee sometimes serves as a mediator and facilitator to promote frank communication among patients, residents, family members, and facility management to find a resolution to the problem.

The investigating team will use a variety of means to conduct its investigation, including interviews, observation of premises and review of pertinent documents and health information.

At the end of the investigation process, investigating members prepare an investigation report outlining the process they have followed and their findings.

An investigation can result in recommendations being made to the facility. These recommendations are made with the intention of increasing the welfare and comfort of patients and residents.

A copy of the investigation report is sent to the complainant, to the administration of the facility, the chief executive officer of the regional health authority and the Minister of Alberta Health and Wellness. When a facility is privately owned or operated, the Committee provides a joint letter to the regional health authority and to the owner/operator of the non-profit or private organization.

Types of Facilities in the Committee's Mandate

The Committee investigates complaints at facilities defined under section (1) of the *Health Facilities Review Committee Act*, which includes:

- approved hospitals
  - acute care
  - auxiliary care
- nursing homes
- mental health hospitals
- special care centres

SUMMARY OF COMPLAINTS

Complaints Received
April 1, 2006 to March 31, 2007

Complaint/Authorization Forms Not Returned by Complainants - Unable to Proceed	23	
Withdrawn Complaints	0	
Complaints Not in Mandate	2	
Complaints Referred to Other Agencies	1	
Complaints Investigated:		
Investigations Conducted and Concluded in 2006-2007	1	(1 LTC)
Ongoing Investigations Carried over to 2007-2008	6*	(3 AC/3 LTC)
Total	**33**	

*Indicates number of complaints where investigations were ongoing at fiscal year end, or for which reports have not yet been completed and approved by the Committee, or for which responses to recommendations had not yet been received from the regional health authority/facility. These processes were carried over into the following fiscal year.

Complaint Files Carried Over From 2005-2006 (1)

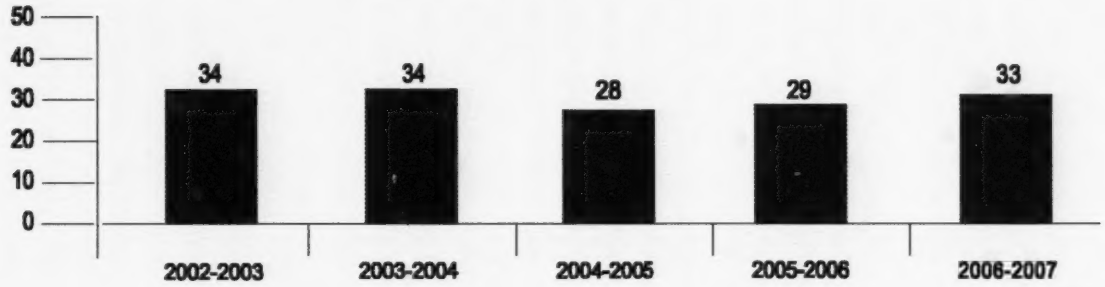
Files Carried Over to 2007-2008	1	
Total	**1**	(1 AC)

Types of Facilities Identified in Complaints Received
April 1, 2006 to March 31, 2007

Acute Care Hospitals	9
Long-Term Care Facilities	17
Acute/Long-Term Care Combined	6
Mental Health Hospitals	0
Special Care Centres	0
Facility Not Identified	1

Note: Withdrawn complaints are not reflected in this table.

Five Year Summary
Number of Complaints Received



Nature of Complaints Received
April 1, 2006 to March 31, 2007

Note: A complaint may involve one or more of the elements listed below.

Nature of Concerns by Category	Total
Abuse (emotional, physical and/or verbal)	1
Accommodation/Environment	4
Admission Time/Emergency	3
Care Provided	15
Cleanliness	4
Communication	17
Dietary	4
Infection Control	3
Lack of Privacy/Dignity	2
Laundry	2
Medication	4
Missing Possessions	3
Neglect	3
Policies/Procedures	13
Referred (CPSA, CARNA, PPIC, RHA)*	7
Refused Care/Treatment	1
Safety/Security	7
Staff Attitude/Conduct	12
Staff Knowledge/Training	2
Staff Levels/Shortages	13
Therapy (physiotherapy/occupational/recreation/speech)	1

* CPSA College of Physicians and Surgeons of Alberta
CARNA College and Association of Registered Nurses of Alberta
PPIC Protection for Persons in Care
RHA Regional Health Authority

Year In Review

The 2006-2007 fiscal year was a busy year for the Health Facilities Review Committee. The Committee conducted routine reviews at 98 facilities and worked on a total of eight complaint investigations, seven of which were initiated in 2006-2007. The Committee was able to complete its investigation into one complaint initiated in 2006-2007, and also one complaint which had been initiated in 2005-2006. Six complaints, initiated in 2006-2007, were carried over to the 2007-2008 fiscal year, in part for consideration being given for respecting other professional associations involved in investigating the same complaint at the same time, pertaining to their own mandate.

Although the total number of complaint investigations decreased from the previous fiscal year, the nature and complexity of the complaints increased significantly. Since most complaint investigations require a comprehensive review of health information records and other related documentation, and extensive interviews with various individuals, additional workloads were created for Committee members and office staff. Additionally, several complaint investigations were taking place simultaneously.

The Committee welcomed one new member and one new staff member during the fiscal year. Both were provided with an extensive orientation to the Committee and its work.

During this fiscal year, Alberta Health and Wellness announced the development of new Continuing Care Health Service Standards, to be implemented in April 2007. The new standards will replace the Basic Service Standards for Long-Term Care Facilities released in 1995, and are a direct result of the recommendations made by the MLA Task Force on Continuing Care, following their extensive consultation with continuing care residents, families, caregivers, medical professionals, regional health authorities, facility operators, advocacy groups, and other industry stakeholders. The new Continuing Care Health Service Standards will complement the Long-Term Care Accommodation Standards, developed by Alberta Seniors and Community Supports, by improving the quality of care for Albertans in continuing care.

A representative from the Committee attended the National InterRai Forum held in Winnipeg in May 2006, which is the new resident assessment tool that the Minister of Health and Wellness asked be adopted by all health regions and long-term care operators. Information presented and shared at the forum related to the challenges involved in implementing the new tools, as well as the types of information and reports that can be generated by these tools, which will enhance long-term care residents' quality of life. The Committee wishes to acknowledge the hard work and extra efforts of the health regions, long-term care operators and their staff, in the work already completed and the work yet to come, in having this new system fully implemented and operational.

Committee members' computer technology was upgraded during the fiscal year, and several enhancements were made to tracking mechanisms, which will enable the Committee to be more effective in monitoring the trends of its recommendations following routine reviews and complaint investigations.

Alberta's health care system continues to have numerous challenges in providing the best possible care and treatment to patients and residents, and making the best possible use of existing resources, while struggling to cope with a shortage of health care professionals in the province.

The Committee will diligently continue it efforts to improve its work, effectiveness and outcomes in the 2007-2008 fiscal year

Acute Care

The Health Facilities Review Committee continues to note several significant changes in the delivery of acute care services. Initiatives continue to be developed and implemented by health care providers in response to current economic circumstances.

The focus continues to be on rationalization and coordination of services within health care centers and within communities. To enhance the efficiency and effectiveness of health care services, innovative programs and initiatives have been developed.

Observations

The patient's average length of hospital stay continues to decrease.

- Pre-admission clinics introduced for elective surgical patients have resulted in shorter hospital stays.
- Laparoscopic surgical techniques and other one-day procedures are replacing techniques that required longer hospital stays.
- Discharge planning programs facilitate patients' discharge and arrange for alternatives to hospital-based care.

There is an increasing demand for outpatient and ambulatory care services, clinics and outreach programs.

- Crisis intervention and assessment services are important.
- There is growing availability of post-hospital support and information services.

There is increased emphasis on health promotion and prevention services.

- Opportunities are provided for consumers to take on more responsibility, be better informed and participate in healthier lifestyles.
- Health care centers are assuming increased responsibility for providing consumer health information.
- Patients and family members are encouraged to take on more responsibility and participate in their care.

Initiatives have been developed to raise public awareness of the challenges of health care and to gain public support for innovative solutions.

- Individuals and communities are encouraged to take a more active role.
- There is increasing emphasis on enhancing volunteer resources and services.

Patients' Expectations

Feedback from patients and families reflects common expectations that include:

Access to quality health care, diagnostic and treatment services.

- Patients expect early response and assessment of their health care needs, minimal waiting lists and waiting times.
- Patients expect professional and support staff to be qualified, knowledgeable and available.
- Patients expect health care and support services to be available if needed following discharge from hospital.

Opportunities to make well-informed choices.

- Patients expect to be consulted and informed about care, treatment, condition and prognosis.

Reassurance that high standards of care are available.

- Patients expect care providers and practices to reflect and follow established policies and procedures.

Compassionate care and attention.

- Patients expect respect for their privacy and dignity.
- Patients expect understanding, acceptance and attention to their psychological, social and spiritual needs, as well as their physical needs.
- Patients expect caregivers to be kind, attentive, friendly and resourceful.
- Patients expect encouragement toward goals of recovery, discharge and independence.

Support of family, friends and care providers.

- Patients expect front-line caregivers to be their advocates.

Security and safety.

- Patients expect the hospital environment to be comfortable, clean and safe.

We Support

The Health Facilities Review Committee supports initiatives that enhance quality of care and delivery of services.

We encourage.

- Patient-focused care.
- Open communication and information sharing.
- Effective interdisciplinary cooperation, planning and coordination of services to meet patients' needs.
- Patient and/or family involvement in decisions regarding the care plan.
- Ongoing evaluation of patient satisfaction and patient, family and community needs and expectations.

Long-Term Care

The population of people aged 65 years and over continues to increase rapidly in Alberta, across Canada and in much of the industrialized world.

There is a gradual shift to more individual and community health care that provides alternatives to long duration institutional care.

The Health Facilities Review Committee recognizes two significant challenges facing health care providers in long-term care:

- To respond to the changing needs, demands and expectations of residents, families and communities.
- To provide care and services more efficiently and effectively within available resources.

Observations

- Cognitive support units are providing a quiet secure environment for residents with cognitive impairment or special behavioural needs. The benefits are being realized and appreciated by residents, families and caregivers.
- Day programs provide individuals living at home with access to rehabilitation and socialization programs.
- Respite care programs are giving assistance and support to families who assume responsibility for caring for their loved one at home.
- Palliative care programs are effective in providing physical, spiritual and psychological comfort to terminally ill residents and their loved ones.
- Resident and family support programs provide opportunities for individuals to share experiences and receive support.

Residents' Expectations

Feedback from residents, families and friends indicates several factors that contribute to residents' sense of well-being and satisfaction.

- To be treated and cared for with consideration, respect and full recognition of dignity and individuality.
- To be fully informed of policies, services and related costs before or at the time of admission and during the resident's stay.
- To be fully informed of their care and treatment plans, prognosis and choices.
- To be encouraged and assisted in expressing individual likes and dislikes and in voicing concerns, without fear of repercussion.
- To be comfortable and safe, free from abuse and unnecessary physical and chemical restraints.
- To be involved in life enrichment and support programs.
- To be allowed privacy and adequate personal space.
- To have access to companionship of friends and family.
- To have access to rehabilitation, recreation, social activities, transportation and community involvement.
- To have opportunities to make choices and participate in decision making regarding placement, type of room, accommodation, roommate, meals, possessions, activities, interests, treatment, care, visitors, living wills and advanced directives, and to be reassured their choices will be respected.

- To be reassured of continuing availability of care and appropriate response by care providers to their needs and concerns.

We Support

The Health Facilities Review Committee supports resident-focused initiatives and programs that provide:

- Individualized care.
- A combination of health care and life enrichment services in a home-like atmosphere.
- Holistic care that recognizes the importance of residents' social, intellectual, emotional and spiritual, as well as physical needs.

The increasing importance of volunteers to enrich the services and programming available within facilities is being realized. Committee members note an increased emphasis on the recruitment, screening, recognition and training of volunteers.

The importance of family involvement in institutional care is being recognized. The challenge continues to be to enhance the role of families and encourage family support.

EXPENDITURES

April 1 to March 31

2002-2003	$523,152.28
2003-2004	543,467.91
2004-2005	682,169.80
2005-2006	734,477.27
2006-2007	732,371.95

Alberta

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